

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

101796336

FILING DATE

APPLICANT(S)

AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS	
NO.	BD	DEP	NO.	BD	DEP	NO.	BD
1						31	
2						32	
3						33	
4						34	
5						35	
6						36	
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49							
50							
TOTAL BD.		TOTAL DEP.		TOTAL CLAIMS			